



## Preschool Lottery Application - Marion County



**Instructions: Please complete all areas of this form to enter your child in the Preschool Lottery.**

### I. Family Information (Parent/Guardian)

Parent Last Name:	Parent First Name:	Parent Date of Birth:	Language spoken in home:	
Parent Mailing Address: Apt/Lot#:		City:	Zip code:	County of residence:
Parent Phone Numbers Home Phone: ( )		Which way is the best way to contact you? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email Cell Phone: ( ) Email:		
Second Parent/Guardian Last Name:	Second Parent/Guardian First Name:	Second Parent/Guardian Date of Birth:		
Second Parent/Guardian Phone Numbers Home Phone: ( )		Which way is the best way to contact you? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email Cell Phone: ( ) Email:		
Family Size (include only parents/guardians and dependent children living in household) : _____				

### II. Preschool Child Information Only (list only 3 and 4 year old children seeking preschool grant)

To be eligible to receive a preschool grant, your child must be 3 years old but less than 5 years old by **AUGUST 1, 2015**.

Child's First Name:	Child's Last Name:	Date of Birth:	Child currently receives CCDF YES / NO	Child currently receives Head Start YES / NO
1.				
2.			YES / NO	YES / NO
3.			YES / NO	YES / NO
4.			YES / NO	YES / NO

Are you currently a Licensed Foster Parent for this child(ren)? ☐ Yes ☐ No If, Yes for who(m): \_\_\_\_\_

### III. Income Eligibility Verification

Total income is calculated using your **gross income** (income before taxes are withheld)

#### Section A. Earned Income (income earned from employment)

Is parent/guardian currently employed? (including self-employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total <b>Gross</b> earned income monthly: \$ _____
Is second parent (if living in the household) currently employed? (including self-employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total <b>Gross</b> earned income monthly: \$ _____

#### Section B. Monthly Unearned Income (assistance received) Please list **TOTAL** for all types received by parents/guardians or eligible pre-k child (not siblings)

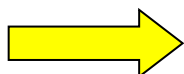
<b>Child Support Received</b>	<b>Pension</b>	<b>Food Stamps/SNAP</b>
<b>TANF (Cash Assistance)</b>	<b>Interest on Accts</b>	<b>Housing Assistance</b>
<b>Unemployment Income</b>	<b>Trust Funds</b>	<b>Other:</b>
<b>SSI/Disability Income</b>	<b>Other State funding</b>	

**Total Unearned Income (total sources above added together) \$** \_\_\_\_\_

**Total Family Income (Earned + Unearned) = \$** \_\_\_\_\_ Office Use Only

I hereby certify all the information provided is true and correct to the best of my knowledge. I understand submission of this application does not guarantee services will be provided. Further, I understand I will be asked to verify information supplied on this application when and if my application is chosen in the lottery. The undersigned further understand(s) that providing incorrect or misleading information on any of the forms may result in immediate termination of my child's grant, repayment of any fees overpaid on behalf of my child and criminal charges if applicable.

Signed, \_\_\_\_\_ Date \_\_\_\_\_



**APPLICATIONS MUST BE RECEIVED BY APRIL 30, 2015**  
**TO BE CONSIDERED FOR THE 2015-16 LOTTERY**

Organization providing help in completing application: \_\_\_\_\_  
(if applicable)

Return this form to the following:  
Children's Bureau, Inc.  
3801 N Temple Ave.  
Indianapolis, IN 46205  
Email this side: [ascott@childrensbureau.org](mailto:ascott@childrensbureau.org)  
Fax this side: 317-545-1069